

Washington

TRU Solutions LLC

Waste Isolation Pilot Plant
Supplier Application

Note: Form must be filled out completely and signed prior to submittal to the following address:

Washington TRU Solutions LLC
PO Box 2078 GSA-207
Carlsbad, NM 88221
FAX: (575) 234-6034 or 7050

Company Name:		
Address:		
City:	State:	Zip:
e-Mail:		
Remittance Address (if different):		
City:	State:	Zip:
e-Mail:		
Other:		
Address:		
City:	State:	Zip:

COMPANY CONTACTS

Manager Name:		Sales Name:	
e-Mail		e-Mail	
Phone:	Cell:	Phone:	Cell:
Service Name:		Accounts Payable Name:	
e-Mail		e-Mail	
Phone:	Cell:	Phone:	Cell:
Fax:			

TYPE OF BUSINESS

☐ Individual ☐ Partnership ☐ Non-Profit ☐ Joint Venture

Is your business a Corporation? ☐ Yes ☐ No

If yes: Corporation incorporated under laws of the State of: _____

Central Contractor Registration (CCR) ☐ Yes ☐ No

NM CRS ID NO* _____ Federal Tax ID _____ Year Established _____

NAICS Code _____ DUNS No. _____

*Social Security No. if no NM CRS ID

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SOCIOECONOMIC INFORMATION

<p>1. Is your company a Small Business concern? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If not, which of the following apply? <input type="checkbox"/> Large Business <input type="checkbox"/> Federal Government <input type="checkbox"/> Educational Institution <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> State/Local Government <input type="checkbox"/> DOE Prime Contractor</p> <p>3. Check all that apply to your company: <input type="checkbox"/> Native American <input type="checkbox"/> Minority <input type="checkbox"/> Vietnam Veteran</p> <p>4. Is your company a Veteran Owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Is your company a Service Disabled Veteran business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6. Is your company a Woman Owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*7. Is your company certified as a Small Disadvantaged Business with the SBA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*8. Is your company certified as an 8(a) Certified Business with the SBA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Suppliers SBA Case No. _____</p> <p>*9. Is your company certified as a HUBZone business with the SBA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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*** Attach print out of your US Small Business Administration (SBA) profile or register at:**
<http://www.sba.gov/>

By manually signing below, the applicant certifies that the information and representations provided on this form are accurate, current, and complete. Under 15U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in the programs conducted under the authority of the Small Business Act.

Name and Title of person authorized to sign:	Signature:	Date signed:
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Questions regarding this portion of this form may be forwarded to: Roland Taylor at:

roland.taylor@wipp.ws

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VENDOR AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

Company Name:		
Address:		
City:	State:	Zip:
<p>I hereby authorize Washington TRU Solutions, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account.</p>		
DEPOSITORY (Bank) NAME	BRANCH	
CITY	STATE	ZIP
BANK TRANSIT/ABA NO.	ACCOUNT NO.	
<p>This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and a DEPOSITORY a reasonable opportunity to act on it.</p>		
AUTHORIZED SIGNATURE	DATE	